First Quarter 2015

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

KY Diabetes Network New Website

www.kydiabetes.net

At their December quarterly meeting, the KY Diabetes Network (KDN) announced the launch of their new website to reach more Kentuckians with and at risk for diabetes.

Photo above: Cutting the ribbon at the KDN Website Announcement (L to R): KDN Member Jim DeMasters; KY Personnel Cabinet Commissioner Joe Cowles; KDN President Mechelle Coble; KY Department for Public Health Commissioner Dr. Stephanie Mayfield; KY Medicaid Medical Director Dr. John Langefeld; Employers Health CEO / General Council Chris Goff.

Photo at left (L to R): Personnel Commissioner Joe Cowles, Public Health Commissioner Stephanie Mayfield, and Medicaid Medical Director John Langefeld presented at the December KDN meeting.

If you would like to be added to the mailing list to receive this magazine, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

KENTUCKY'S LARGEST HEALTH PLAN ADOPTS DIABETES PREVENTION PROGRAM

AT LEAST 85,000 MEMBERS ARE AT HIGH RISK FOR DEVELOPING TYPE 2 DIABETES

Submitted by: Crystal Staley, KY Personnel Cabinet, Office of the Secretary, Frankfort, KY

If you could cut the risk of developing a chronic disease in half, would you?

The **Kentucky Employees' Health Plan (KEHP)** is doing just that — potentially preventing the onset of diabetes by becoming one of the first state health plans in the nation to offer free enrollment in the **National Diabetes Prevention Program (DPP).**

"Kentucky, with one of the highest rates of adult diabetes in the country, is leading the way – by helping public employees escape the costly and damaging effects of diabetes," said Personnel Cabinet Secretary Tim Longmeyer. "This is just one of our efforts to support Gov. Steve Beshear's top priority to make public employees a healthier, stronger population to better serve the citizens of the Commonwealth."

The **KEHP** has used the last two years to conduct **DPP** pilot projects, and now offers the program to all qualifying members.

KY Personnel Cabinet Commissioner Joe Cowles, right, with Humana's Jennifer Lane Finegan, left, pictured after filming a videotape regarding the KY Employee Health Plan Coverage of the Diabetes Prevention Program (DPP).

Howard Osborne, a retired superintendent and **KEHP** member, credits his participation in the **DPP** pilot with adding years to his life. After losing 50 pounds, he is now more mobile, enjoys fishing, mowing the yard and taking vacations with family. Howard and his wife, Linda, have worked together to achieve their wellness goals and make more informed food choices.

"I am thankful for Linda's support," he said. "She wanted to read the program's materials and follow the diet with me. Together we have lost more than 80 pounds. We're living a healthier life and looking forward to watching our grandchildren graduate."

"As Kentucky's largest self-insured health plan, at least 85,000 members are considered at high risk of developing Type 2 diabetes and qualify for the program," said Joe Cowles, commissioner of the Department of Employee Insurance.

"Many don't know they have higher than normal blood sugar levels and go undiagnosed," he said. "We're taking an active role — providing the wake-up call and a chance to stop diabetes before it starts."

In 2013, the **KEHP** selected several members who were at risk of developing diabetes and piloted the program in partnership with King's Daughters Medical Center in Ashland.

Individuals with prediabetes have an increased risk of developing Type 2 diabetes, which can lead to serious health problems, such as vision loss, lower limb amputations and kidney disease.

A clinical research study, led by the National Institutes of Health and supported by the Centers for Disease Control and Prevention (CDC), suggests **DPP** participants can delay or reduce the risk of developing diabetes by 58 percent. Risk reductions of 71 percent were shown for participants age 60 and older.

The 16 weekly **DPP** courses are led by a lifestyle coach who guides participants in monitoring daily food intake, physical activity and weight loss. Over the course of a year, participants remain active in monthly maintenance classes. The YMCA, one of several national **DPP** partners, also offers a free 12-week membership at many Kentucky locations to participants who qualify.

The **KEHP** wellness program, LivingWell, also utilizes the **HumanaVitality™** platform to further incentivize participants by rewarding 350 "Vitality Points" upon completion of the program. Vitality Points convert to

CONTINUED FROM PAGE 2

bucks that are used to redeem rewards like gift cards, fitness devices and Apple™ products in the Vitality Mall. The Ashland pilot concluded with participants losing an average of 23 pounds, and increasing their physical activity to an average of 168 minutes a week.

In 2014, the program continued in Ashland and expanded to nine more locations – Bardstown, Berea, Bowling Green, Burlington, Columbia, Fort Thomas, Lexington, Louisville, and Mount Sterling. Thirty-one classes were available to 116 members.

Participants in the second pilot lost an average of 13 pounds, and increased their physical activity to more than 180 minutes per week.

"The program is an important first-step," said Commissioner Cowles. "Participants are better managing their health and reducing their risk of developing Type 2 diabetes."

The increasing need to curb diabetes rates and health care costs in Kentucky is driving the **KEHP's** expansion of the **DPP**. Referrals to the program are now systematic and obtained through interaction with a registered nurse. Anthem Blue Cross Blue Shield, the plan's medical administrator, is currently recruiting members to fill more than 68 classes across the state.

The growth of the **DPP** goes hand-in-hand with Gov. Beshear's initiative, **kyhealthnow**, which aims to achieve key goals to help reduce Kentucky's dismal health rankings by the year 2019.

"Recruiting more participants in the **Diabetes Prevention Program** is one strategy **kyhealthnow** is leveraging to reduce obesity, which is linked to many chronic diseases, including diabetes," said Gov. Beshear. "State health leaders have worked diligently to make this program a reality for those individuals in need, and I encourage others to participate in it."

The Governor signed legislation in 2011 that initiated the **Kentucky Diabetes Report**. The Personnel Cabinet, home to the **KEHP**, began partnering with the Cabinet for Health and Family Services, the Department for Public Health, the Department of Medicaid Services, and the Office of Health Policy to compile the report and establish ongoing discussions within state government to address the negative outcomes of diabetes in Kentucky.

It was through this collaboration that the Personnel Cabinet discovered the **National Diabetes Prevention Program** and launched its own to its members.

"Kentucky has consistently ranked at or near the bottom in the nation for a number of health indicators, including diabetes," said Cabinet for Health and Family Services Secretary Audrey Tayse Haynes. "Although Kentucky's diabetes statistics are alarming, the **DPP** can help us start to reverse the state's poor health status. And, the state health plan is proving it can be done."

The **National DPP**, led by the CDC, aims to prevent or delay the onset of Type 2 diabetes across the United States, and encourages program access. Collaboration among state and federal agencies, community-based organizations, employers, insurers, health care officials, and academia allows the proven program to reach people with prediabetes.

"Research shows that modest weight loss and regular physical activity can help prevent or delay Type 2 diabetes in people with prediabetes," said Ann Albright, PhD, RD, director of CDC's Division of Diabetes Translation. "As awareness of the **National DPP** grows, and more Americans are participating in this evidence-based lifestyle program, the better chance we have of turning this epidemic around and improving the lives of people with prediabetes by preventing or delaying the onset of Type 2 diabetes."

More information

Visit the national DPP site at **www.cdc.gov/diabetes/prevention** for information on how to become a participant, coach, benefit provider or partner organization.

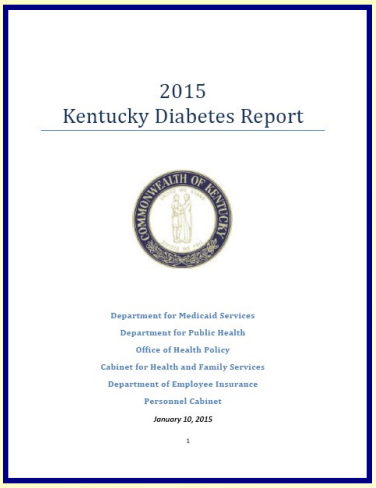
KEHP members with questions regarding enrollment may call the customer support line at 1.844.402.KEHP, available Monday - Friday 8 a.m. – 8 p.m.

Additional state health plan information can be found at **kehp.ky.gov**. KEHP wellness benefits, including the HumanaVitality program, are at **LivingWell.ky.gov**.

Also, Kentuckians can visit the Kentucky Diabetes Network (KDN), a statewide diabetes coalition, website:

http://www.kydiabetes.net

2015 Kentucky Diabetes Report Sent To Legislature


2015
Kentucky Diabetes Report

Department for Medicaid Services
Department for Public Health
Office of Health Policy
Cabinet for Health and Family Services
Department of Employee Insurance
Personnel Cabinet
January 10, 2015

The 2015 Kentucky Diabetes Report, pictured above, was recently sent to the KY Legislature.

This Report contains an Executive Summary and sections including:

- **Scope of Diabetes in Kentucky *(includes data and financial impact)***
- **Addressing Diabetes in Kentucky *(includes current efforts and funding)***
- **Moving Kentucky Forward with Joint Benchmarks *(includes recommendations and action items to address diabetes).***

This Report may be useful to professionals and advocates working in diabetes.

A copy of this report can be found on the KY Diabetes Network (KDN) Website at: www.kydiabetes.net *click NEWS AND REPORTS*

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY

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Governor

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Audrey Tayse Haynes
Secretary

Message from the Cabinet Secretaries of Health & Family Services and Personnel

We are pleased to share with you the "2015 Kentucky Diabetes Report." This report was jointly developed by the Department for Medicaid Services, the Department for Public Health and the Office of Health Policy within the Cabinet for Health and Family Services; and the Department of Employee Insurance - Kentucky Employees' Health Plan (KEHP) within the Personnel Cabinet. The report includes: data on the scope and cost of Diabetes for each collaborative partner, progress by each partner since the first report in 2013; information about how each partner is addressing Diabetes prevention and control for their respective populations; benchmarks for tracking progress in addressing Diabetes, recommendations on how the state can improve Diabetes outcomes, and a budget to implement recommendations if funding becomes available.

In 2013, approximately 10.6% of Kentucky adults (359,000) were estimated to have Diabetes compared to the national prevalence rate of 9.7%. Among the adults covered by the KEHP, 11% had been diagnosed with Diabetes based on claims data; and among Medicaid members, 18% (82,278) of adults had a diagnosis of Diabetes on at least one claim. Diabetes is one of the leading causes of death and disability. It is the seventh leading cause of death in Kentucky and is associated with serious complications (blindness, end-stage kidney disease, lower extremity amputations, heart disease and stroke) that threaten quality of life. The American Diabetes Association has estimated that Diabetes costs Kentucky $3.85 billion dollars in direct medical cost and lost productivity.

The good news is that Diabetes is controllable, and in the case of type 2 Diabetes, can be preventable with known interventions. Achieving this, however, is a complex endeavor requiring the collective efforts of many partners, including healthcare providers, policy-makers, public and private health plans, individuals with Diabetes, public health agencies, technology resources, communities, and more. The collaborators on this report and their partners represent a significant contribution toward this goal, offering a wide range of activities designed to improve Diabetes prevention and control in their respective populations and Kentucky as a whole.

The enhanced collaboration among the agencies producing this report has led to the generation of new ideas and renewed energy regarding Diabetes prevention and control in the Commonwealth. We are pleased to share this report and look forward to your feedback and future collaborative opportunities.

Sincerely,

Audrey Haynes, Secretary
Cabinet for Health and Family Services

Tim Longmeyer, Secretary
Personnel Cabinet

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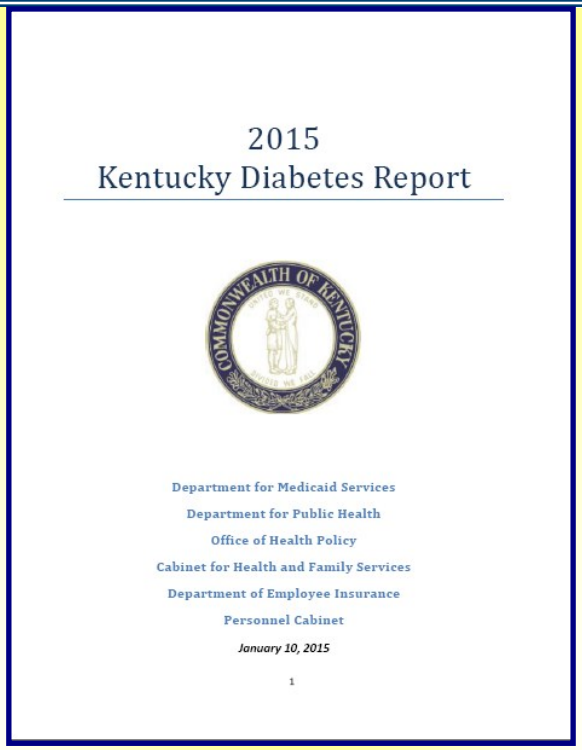
The 2015 Kentucky Diabetes Report cover letter, shown above, signed by Cabinet for Health and Family Services Secretary Audrey Haynes and Personnel Cabinet Secretary Tim Longmeyer was recently sent to the Kentucky Legislature.

Excerpt From 2015 KY Diabetes Report

Executive Summary

In response to KRS 211.752, a report to the Legislative Research Commission on Diabetes-related efforts was jointly developed by the Department for Public Health (DPH), the Department of Medicaid Services (DMS), the Office of Health Policy (OHP), and the Kentucky Employee Health Plan (KEHP) under the Personnel Cabinet.


2015
Kentucky Diabetes Report

Department for Medicaid Services
Department for Public Health
Office of Health Policy
Cabinet for Health and Family Services
Department of Employee Insurance
Personnel Cabinet
January 10, 2015

1

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The Scope of Diabetes in Kentucky

Diabetes is a very common disease in Kentucky and the nation, with type 2 diabetes being the most common form:

Prevalence in Adults

- The prevalence of Diabetes has increased from 6.5% of Kentucky adults (240,000) in 2000 to 10.6% (359,000 adults) in 2013. The U.S. Diabetes prevalence rate is 9.7%
- Among the 225,681 adults covered by the Kentucky Employees' Health Plan (KEHP) in 2013, 11% (24,722) have been diagnosed with Diabetes based on claims data.
- For State Fiscal Year (SFY) 2013, 18%, or 82,278 adult Medicaid members had a diagnosis of Diabetes on at least one claim.

Prevalence in Youth

- During SFY 2013, there were 3,130 Medicaid members under the age of 20 who had a diagnosis of Diabetes on at least one claim.
- There are 472 youth aged 19 and younger with Diabetes covered by KEHP.

Prevalence of Diabetes During Pregnancy

- Five percent of all pregnant women in Kentucky had Gestational Diabetes prior to delivery. This is statistically similar to a national estimate by CDC of 4.6% for Gestational Diabetes.

Prevalence of Prediabetes

- In Kentucky, 289,000 adults report having been diagnosed with prediabetes and are at high risk of progression to Diabetes.

Diabetes is Costly

- The American Diabetes Association (ADA) has estimated that Diabetes costs Kentucky $2.66 billion dollars in direct medical costs and an additional $1.19 billion in reduced productivity, for a total cost to the Commonwealth of $3.85 billion.
- For Medicaid, Diabetes has the highest overall cost of several common chronic diseases at almost $540 million and the highest cost per person at $6,500 per member per year.
- For KEHP, Diabetes is the second most costly chronic condition for both active and early retirees, at $66 million in combined medical and prescription drug costs in 2013.

A copy of this report can be found on the KY Diabetes Network (KDN) Website at: www.kydiabetes.net
click NEWS AND REPORTS

PREVENT DIABETES STAT

Screen / Test / Act Today ™

www.preventdiabetesstat.org

Taken from CDC / AMA Press Release

With more than 86 million Americans living with prediabetes and nearly 90 percent of them unaware of it, the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) announced that they have joined forces to take urgent action to ***Prevent Diabetes STAT*** and are urging others to join in this critical effort.

Prevent Diabetes STAT: Screen, Test, Act - Today™, is a multi-year initiative that expands on the robust work each organization has already begun to reach more Americans with prediabetes and stop the progression to type 2 diabetes, one of the nation's most debilitating chronic diseases. Through this initiative, the AMA and CDC are sounding an alarm and shining a light on prediabetes as a critical and serious medical condition.

"It's time that the nation comes together to take immediate action to help prevent diabetes before it starts," said AMA President Robert M. Wah, M.D. "Type 2 diabetes is one of our nation's leading causes of suffering and death—with one out of three people at risk of developing the disease in their lifetime. To address and reverse this alarming national trend, America needs frontline physicians and other health care professionals as well as key stakeholders such as employers, insurers, and community organizations to mobilize and create stronger linkages between the care delivery system, our communities, and the patients we serve."

"The time to act is now. We need a national, concerted effort to prevent additional cases of type 2 diabetes in our nation – and we need it now," said Ann Albright, PhD, RD, director of CDC's Division of Diabetes Translation. "We have the scientific evidence and we've built the infrastructure to do something about it, but far too few people know they have prediabetes and that they can take action to prevent or delay developing type 2 diabetes."

###

As an immediate result of this partnership, the AMA and CDC have co-developed a toolkit to serve as a guide for physicians and other health care providers on the best methods to screen and refer high-risk patients to diabetes prevention programs in their communities. The toolkit along with additional information on how physicians and other key stakeholders can ***Prevent Diabetes STAT*** is available online. There is also an online screening tool for patients at **www.preventdiabetesstat.org** to help them determine their risk for type 2 diabetes.

Over the past two years, both the CDC and the AMA have been laying the groundwork for this national effort. In 2012, the CDC launched its **National Diabetes Prevention Program (National DPP)** based on research led by the National Institutes of Health, which showed that high-risk individuals who participated in lifestyle change programs, like those recognized by the CDC, saw a significant reduction in the incidence of type 2 diabetes. Today, there are more than 500 of these programs across the country, including online options.

The AMA launched its **Improving Health Outcomes** initiative in 2013 aimed at preventing both type 2 diabetes and heart disease. That work includes a partnership with the YMCA of the USA to increase the number of physicians who screen patients for prediabetes and refer them to diabetes prevention programs offered by local YMCAs that are part of the CDC's recognition program. This joint effort included 11 physician practice pilot sites in four states, where care teams helped to inform the development of the AMA and CDC's toolkit. In the coming months, the AMA will be identifying states in which to strengthen the linkages between the clinical care setting and communities to reduce the incidence of diabetes

"Our health care system simply cannot sustain the continued increases in the number of people developing diabetes." said Dr. Albright. "Screening, testing and referring people at risk for type 2 diabetes to evidence-based lifestyle change programs are critical to preventing or delaying new cases of type 2 diabetes."

"Long-term, we are confident that this important and necessary work will improve health outcomes and reduce the staggering burden associated with the public health epidemic of type 2 diabetes," said Dr. Wah.

www.cdc.gov/diabetes/prevention
www.preventdiabetesstat.org

National and State Diabetes Priorities

Gary Dougherty

Submitted by: Gary Dougherty, Associate Director, State Government Affairs for the American Diabetes Association (ADA)

The **American Diabetes Association (ADA)** is pleased to announce its federal and state legislative and regulatory priorities for 2015. Each year, the **Association** identifies the leading priorities which will focus efforts across targeted issue areas as part of our ongoing efforts to **Stop Diabetes®.** In addition, in all areas of engagement, there will be an ongoing commitment to ending health disparities.

Currently, in the U.S. there are nearly 30 million people living with diabetes and another 86 million with prediabetes. The diabetes epidemic is taking a devastating physical, emotional and financial toll on millions of people across the nation. The national annual cost of diagnosed diabetes is an estimated $245 billion, representing a 41 percent increase over a five year period.

Federal Priorities for 2015:

- **Federal Funding for Diabetes Research and Programs:** Increase funding for the *National Institutes of Health's National Institute of Diabetes and Digestive and Kidney Diseases* and the Centers for Disease Control and Prevention's *Division of Diabetes Translation*; reauthorization of the Special Diabetes Program; funding for the National Diabetes Prevention Program and increasing funding dedicated to diabetes research at the Department of Defense and the Veterans Health Administration.
- **Health Insurance:** Ensure public and private health insurance options, including those under the Affordable Care Act, Medicare, Children's Health Insurance Program and Medicaid that provide access to the services, tools and education necessary to meet the needs of people with diabetes and prediabetes.
- **Prevention:** Prevention of type 1 and type 2 diabetes
- **Discrimination:** Ensure laws and policies result in fair treatment of people with diabetes, focusing on employment and the Safe at School campaign.
- **Health Disparities:** Policies specifically focused on reducing the disparate impact of diabetes on minority communities.
- **Diabetes Medications and Devices:** Provide scientific expertise on the need for improved means to treat and monitor diabetes with focus on ensuring medically sound criteria for evaluation and establishing needed regulatory pathways.
- **Federal Coordination on Diabetes**: Support effort to coordinate the quality of care for diabetes across all federal agencies engaged in the care and management of diabetes.

State Priorities for 2015:

- **Health Insurance:** Ensure public and private health insurance options, including those under the Affordable Care Act and Medicaid, provide access to the services, tools and education necessary to meet the needs of people with diabetes and prediabetes.
- **Discrimination:**
  - ***Safe at School*:** Ensure students with diabetes are medically safe and have access to the same educational opportunities as their peers without diabetes. Legislation and regulation to focus on permitting students who are able to do so to self-manage their disease and make sure trained school personnel are available to perform routine and emergency diabetes care tasks.
  - ***Driver's Licenses*:** Ensure laws and policies for private and commercial licenses result in fair treatment of people with diabetes.
- **Prevention:** Primary prevention of type 2 diabetes.
- **Diabetes Programs and Surveillance:** Funding for Diabetes Prevention and Control Programs, and other diabetes public health programs.
- **State Coordination on Diabetes**: Initiatives to assess the burden of diabetes and to develop and implement policy recommendations.
- **Health Disparities:** Initiatives to reduce the disparate impact of diabetes in minority communities through coordinated assessment, development and implementation of policy recommendations.
- **Diabetes Research:** Support funding for diabetes research and oppose efforts to limit research options.

Together we CAN Stop Diabetes®

Indiana Students with Diabetes Enjoy Recent Victory!

Gary Dougherty

Submitted by: Gary Dougherty, Associate Director, State Government Affairs for the American Diabetes Association (ADA)

Whereas legislation to ensure that students with diabetes are safe at school has gained momentum, including last year's enactment of HB 98 in Kentucky, there is sometimes a need to save a law that has already been on the books for years. Most recently, diabetes advocates were able to turn back an effort to repeal the ***Care of Students with Diabetes Act*** in Indiana.

A massive education deregulation bill had been introduced in mid-January that included, among 498 separate sections in its 307 pages, a provision that would have repealed the ***"Safe at School"*** law. Collaborating with many stakeholders and advocates, the American Diabetes Association met with and explained to the sponsor and the committee how dangerous it would be to repeal this important law that protects students with diabetes.

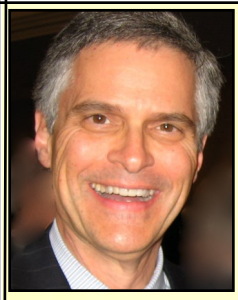
The ***Indiana Care of Students with Diabetes Act*** was enacted in 2007 and dubbed ***"Hunter's Law",*** after the compelling testimony and strong advocacy of 10-year-old Hunter Sego who had been diagnosed with diabetes when he was seven. Upon hearing of the threat to "Hunter's Law," Hunter, now an 18-year-old high school football star and National Honor Society member, and his mother, Kathy, traveled back to the Indiana Capitol to testify again, this time to save the law that has helped him and so many other Indiana students.

Senator Earline Rogers, one of the original champions of the ***Care of Students with Diabetes Act*** when it was enacted in 2007, offered an amendment to save the previously enacted law. The amendment was accepted unanimously and was even supported by the sponsor of the bill containing the repeal provision.

The **American Diabetes Association** will continue to monitor legislative activity in all states and oppose any effort, now and in the future, to dilute important ***"Safe at School"*** laws for which many fought so hard to get enacted.

SB 144, An Update To KY Diabetes Educator Licensure Unsuccessful

New Plans Now Being Developed



Bob Babbage

Submitted by: Bob Babbage, Babbage Cofounder, Government Relations Firm, Email Bob@BabbageCofounder.com

The KY legislative session ended at 3:32 am on March 25 without passage of SB 144, a simple measure aimed at clarifying the apprenticeship for licensed diabetes educators at 750 hours. The goal is to have all references to apprenticeship stated consistently.

There are possible steps to achieve this with the executive branch as well as the legislative structure prior to the next legislative session, which starts January 5. We are reviewing other steps that might be possible.

We appreciate the help of so many legislators including Senator Ralph Alvarado of Winchester, Rep. Ruth Ann Palumbo of Lexington and Rep. Rita Smart of Richmond.

There are 38 members of the state Senate and the Senate vote was 36-0 — a clear indication of support.

Despite numerous efforts, the House ran out of time before taking SB 144 up.

Please watch this newsletter for future updates.

KY Coordinating Body (CB) Report

Kelly Dawes, RN, BSN, CDE

Submitted by Kelly Dawes, RN, BSN, CDE, KY Coordinating Body (CB) 2015 Volunteer Leader

AADE's KY Coordinating Body Contacts for 2015

This year begins with a change in the American Association of Diabetes Educators (AADE's) Kentucky Coordinating Body (CB) leadership including:

- Kelly Dawes *(from TRADE)* KY CB Volunteer Leader 2015
- Dana Graves *(from KADE) KY CB* Volunteer Leader Elect (2016)
- Betty Bryan *(from GLADE)* who will serve as the KY CB Treasurer.

Other KY CB members will continue varying roles on the CB and include: Maggie Beville, Ronda Merryman-Valiyi *and* Vanessa Paddy *(from GLADE);* Ava Eaves, Janey Wendschlag, and Dee Deakins Sawyer *(from KADE);* Janice Haile, Teresia Huddleston and Deanna Leonard *(from TRADE);* and Julie Shapero *(Member at Large – from DECA).*

AADE's Annual Leadership Forum

Representing the KY CB, Kelly Dawes and Dana Graves attended the American Association of Diabetes Educators (AADE's) ***Annual Leadership Forum*** held in Chicago on January 9th and 10th. Julie Shapero (DECA), the KY CB Member at Large, also attended representing the Ohio CB. The ***Forum*** provided leadership training as well as networking opportunities with diabetes educators from around the country who have a variety of experience and backgrounds and was well represented by CB and LNG members. Various topics were discussed including diabetes educator licensure, social media communications and ways to increase LNG participation.

One welcome announcement made by AADE at the **Forum** —— was that the **2015 Annual Meeting registration fees *(to be held in New Orleans August 5 through August 8)* were reduced by 42%!**

Register online at: http://aade15.org/
Full Program Early Bird Rate through 4/17 $345.00
Full Program Government Rate through 4/17 $245.00

KY CB Conference Calls

During the KY CB regular scheduled conference calls, the following items have been discussed.

- The CB continues to monitor KY legislation regarding Licensed Diabetes Educators. Recent updates were proposed to the KY Diabetes Educator Licensure Law via Senate Bill 144 ***which did not pass***. For more information go to: http://www.lrc.ky.gov/record/15RS/SB144.htm . To read minutes from the KY Board of Licensed Diabetes Educators Board meetings, visit their website at bde.ky.gov.

- Community Health Workers (CHW) conducting diabetes self-management training classes utilizing Diabetes Empowerment Education Program (DEEP) and other programs — and the need to clarify with the KY Board of Licensed Diabetes Educators the role of CHWs in diabetes education and state licensure.

- AADE Public Policy Forum will be held June 15 & 16 in Washington D.C. and the Coordinating Body will send a representative to meet with our state representatives to have a voice with members of Congress to address issues concerning diabetes.

- A CB subcommittee will develop financial guidelines and a 2015 budget plan in regards to CB monies.

- Improve communication with KY diabetes educators through increased usage of the AADE Network.

For more information or questions regarding the KY Coordinating Body, contact Kelly Dawes at kellyr.dawes@ky.gov.

Two-in-One: Combination Pills in Type 2 Diabetes Management

Carrie Isaacs PharmD, CDE

Submitted by: Carrie Isaacs, PharmD, University of Kentucky, Lexington, KY

Patients with diabetes often have multiple conditions and take multiple medications. Some studies have suggested that patients fail to adhere to the medical regimen because of the number of medications required. The more medications prescribed, the less patients adhere to the full treatment regimen. Multiple medications also entail high daily costs for prescriptions. Annual expenditures for oral antihyperglycemic agents have been estimated at over $8.0 billion.

Several type 2 diabetes medications are available in combination pills. Here's what you need to know.

The Upside of Combo Pills

These twofers may reduce out-of-pocket copay cost to patients and does reduce pill burden for the patient. Typically, insurance companies charge a copay for each prescription received. Combination pills require just one copay, even though the patient receives two medications. Therefore, the copay of the generically available product can be saved monthly if the patient is taking the combination product and in the case where both products are not generically available (e.g. Kombiglyze XR, Oseni, Invokamet).

[The other caveat regarding cost is that it is important for the patient to have awareness of which drug or drugs are the preferred brand name (tier 2) agents on his/her insurance's drug formulary, if the patient has a third party insurance. For example, if Kombiglyze XR™ and Kazano™ are preferred on the patient's insurance, and the prescriber writes for Jentadueto®, the patient may be paying much more out of pocket because of that issue alone even though all are combination pills containing a DPP-IV inhibitor and metformin.]

Combination Diabetes Pills

The Downside of Combo Pills

Most combination pills have only a few options for doses, which can make it difficult to titrate the medications since both medications have to be titrated at once. Also, if an adverse effect occurs, it can be difficult to determine which of the medications is causing it. Because of the above such factors, many experts do not recommend combination products for initial therapy. These twofers can be safer if saved for those stable patients who are already taking these individual products separately and would prefer a single pill. Finally, there are occasions where a combination pill may actually cost the patient more in copays and that situation is when both individual products are generically available but the combination product is only available as a branded product.

On the next page are the combination antihyperglycemic pills currently available in the U.S.

Key to Charts (*on adjacent page*):

SFU = sulfonylurea;

TZD = thiazolidinedione;

DPP-IV inhibitor = dipeptidyl peptidase-IV inhibitor;

SGLT2 inhibitor = sodium glucose cotransporter 2 inhibitor.

TWO-IN-ONE: COMBINATION PILLS CHARTS (CONTINUED)

SFUs + Biguanide

Brand Name	Ingredients	Strengths	Generically Available?
Metaglip™	Glipizide/metformin	2.5-250, 2.5-500, 5-500mg	yes
Glucovance®	Glyburide/metformin	1.25-250, 2.5-500, 5-500mg	yes

Meglitinide + Biguanide

Brand Name	Ingredients	Strengths	Generically Available?
Prandimet®	Repaglinide/metformin	1-500, 2-500mg	no

TZD + Biguanide

Brand Name	Ingredients	Strengths	Generically Available?
ActosPlus Met™	Pioglitazone/metformin	15-500, 15-850mg	yes
ActosPlus Met XR™	Pioglitazone/metformin ER	15-1000, 30-1000mg	no
Avandamet™	Rosiglitazone/metformin	1-500, 2-500, 2-1000, 4-1000mg	no

TZD + SFU

Brand Name	Ingredients	Strengths	Generically Available?
Duetact™	Pioglitazone/glimepiride	30-2, 30-4mg	yes
Avandaryl™	Rosiglitazone/glimepiride	4-1, 4-2, 4-4, 8-4mg	no

DPP-IV inhibitor + Biguanide

Brand Name	Ingredients	Strengths	Generically Available?
Kazano™	Alogliptin/metformin	12.5-500, 12.5-1000mg	no
Jentadueto®	Linagliptin/metformin	2.5-500, 2.5-850, 2.5-1000mg	no
Kombiglyze XR™	Saxagliptin/metformin ER	2.5-1000, 5-500, 5-1000mg	no
Janumet®	Sitagliptin/metformin	50-500, 50-1000mg	no
Janumet XR®	Sitagliptin/metformin ER	50-500, 50-1000, 100-1000mg	no

DPP-IV inhibitor + TZD

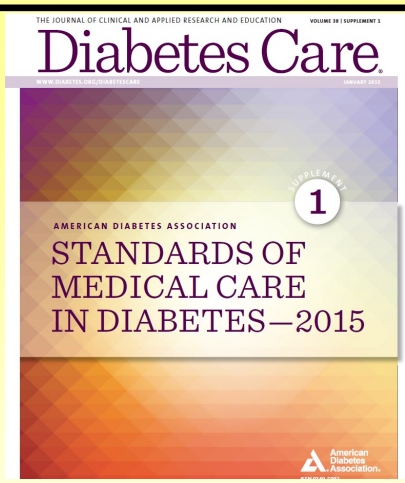
Brand Name	Ingredients	Strengths	Generically Available?
Oseni™	Alogliptin/pioglitazone	12.5-15, 12.5-30, 12.5-45, 25-15, 25-30, 25-45mg	no

SGLT2 Inhibitor + Biguanide

Brand Name	Ingredients	Strengths	Generically Available?
Invokamet™	Canagliflozin/metformin	50-500, 50-1000, 150-500, 150-1000mg	no
Xigduo™ XR	Dapagliflozin/metformin ER	5-500, 5-1000, 10-500, 10-1000mg	no

ADA Standards of Medical Care in Diabetes — 2015 Available

Source: **Diabetes Care 2015;38(Suppl. 1): S4 | DOI: 10.2337/dc15-S003**



The newly named American Diabetes Association (ADA) Standards of Medical Care in Diabetes — 2015 are now available. Mobile apps, slide sets and print versions are also available.

These standards are the core take-away material that provides clinicians, patients, researchers, payers and other interested individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care. See the Diabetes Standards at:

http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160

GENERAL CHANGES

Diabetes Care Supplement 1 was previously called Clinical Practice Recommendations and included the "Standards of Medical Care in Diabetes" and key American Diabetes Association (ADA) position statements. The supplement has been renamed Standards of Medical Care in Diabetes ("Standards") and contains a single ADA position statement that provides evidence-based clinical practice recommendations for diabetes care.

Whereas the "Standards of Medical Care in Diabetes 2015" should still be viewed as a single document, it has been divided into 14 sections, each individually referenced, to highlight important topic areas and to facilitate navigation. The supplement now includes an index to help readers find information on particular topics.

SECTION CHANGES

Although the levels of evidence for several recommendations have been updated, these changes are not included below as the clinical recommendations have remained the same. Changes in evidence level from, for example, C to E are not noted below. The "Standards of Medical Care in Diabetes 2015" contains, in addition to many minor changes that clarify recommendations or reflect new evidence, the following more substantive revisions.

Section 2. Classification and Diagnosis of Diabetes

The BMI cut point for screening overweight or obese Asian Americans for prediabetes and type 2 diabetes was changed to 23 kg/m2 (vs. 25 kg/m2) to reflect the evidence that this population is at an increased risk for diabetes at lower BMI levels relative to the general population.

Section 4. Foundations of Care: Education, Nutrition, Physical Activity, Smoking Cessation, Psychosocial Care, and Immunization

The physical activity section was revised to reflect evidence that all individuals, including those with diabetes, should be encouraged to limit the amount of time they spend being sedentary by breaking up extended amounts of time (>90 min) spent sitting.

Due to the increasing use of e-cigarettes, the Standards were updated to make clear that e-cigarettes are not supported as an alternative to smoking or to facilitate smoking cessation.

Immunization recommendations were revised to reflect recent Centers for Disease Control and Prevention guidelines regarding PCV13 and PPSV23 vaccinations in older adults.

Section 6. Glycemic Targets

The ADA now recommends a premeal blood glucose target of 80–130 mg/dL, rather than 70–130 mg/dL, to better reflect new data comparing actual average glucose levels with A1C targets.

To provide additional guidance on the successful implementation of continuous glucose monitoring (CGM), the Standards include new recommendations on assessing a patient's readiness for CGM and on providing ongoing CGM support.

Section 7. Approaches to Glycemic Treatment

The type 2 diabetes management algorithm was updated to reflect all of the currently available therapies for diabetes management.

Section 8. Cardiovascular Disease and Risk Management

The recommended goal for diastolic blood pressure was changed from 80 mmHg to 90 mmHg for most people with diabetes and hypertension to better reflect evidence from randomized clinical trials. Lower diastolic targets may still be appropriate for certain individuals.

Recommendations for statin treatment and lipid monitoring were revised after consideration of 2013 American College of Cardiology/ American Heart Association guidelines on the treatment of blood cholesterol. Treatment initiation (and initial statin dose) is now driven primarily by risk status rather than LDL cholesterol level.

With consideration for the new statin treatment recommendations, the Standards now provide the following lipid monitoring guidance: a screening lipid profile is reasonable at diabetes diagnosis, at an initial medical evaluation and/or at age 40 years, and periodically thereafter.

Section 9. Microvascular Complications and Foot Care

To better target those at high risk for foot complications, the Standards emphasize that all patients with insensate feet, foot deformities, or a history of foot ulcers have their feet examined at every visit.

Section 11. Children and Adolescents

To reflect new evidence regarding the risks and benefits of tight glycemic control in children and adolescents with diabetes, the Standards now recommend a target A1C of <7.5% for all pediatric age-groups; however, individualization is still encouraged.

Section 12. Management of Diabetes in Pregnancy

This new section was added to the Standards to provide recommendations related to pregnancy and diabetes, including recommendations regarding preconception counseling, medications, blood glucose targets, and monitoring.

AMERICAN DIABETES ASSOCIATION (ADA)

2014 ACCOMPLISHMENTS – LOUISVILLE, KENTUCKY

Submitted by: Helen Overfield, Director, ADA Louisville, KY

Another eventful year has ended and we begin anew *to prevent and cure diabetes and to improve the lives of all people affected by diabetes*, I want to thank you for all that you have done and encourage you to continue your engagement in our important mission to Stop Diabetes®. Accomplishments are outlined below:

SAVE THE DATE
2015

Kentucky Tour de Cure
June 6, 2015
Norton Commons
Prospect, KY
www.diabetes.org/kytourdecure

Step Out: Walk to Stop Diabetes
September 26, 2015
Big Four Lawn-Waterfront Park
Downtown Louisville, KY
www.diabetes.org/louisvillestepout

1,500 participants registered to walk at **Step Out: Walk to Stop Diabetes**
Over $200,000 raised in **Step Out Walk**
13 Champions (walkers who raised $1,000+) raised $42,169 total
140 Red Striders (people with diabetes) walked proudly!
Presenting Sponsors: Kroger and WHAS-11
Gold Sponsors: L & N Federal Credit Union, Visionworks and Medical News For You
Silver Sponsors: Anthem BC/BS, Gateway Health and Kindred Healthcare
Top Corporate Team: Walgreens
Top Friends and Family Team: Team Poppa Joe

350 cyclists in **Tour de Cure**
$120,000 raised in **Tour de Cure**
28 Champions (riders who raised $1,000+) raised $55,425 total
25 Red Riders (people with diabetes) rode proudly!
Sponsored by: Parallon, Novo Nordisk, Scheller's, Kindred Healthcare, Norton Commons, Medical News For You and Sophisticated Living
Top Friends and Family Team : Climbing Mt. Kilimanjaro
Top Corporate Team: GE & Friends

200 children and teens living with diabetes attended the regional **Camp Koreltiz Program** at Camp Joy (Ohio, Indiana and Kentucky) 1/3 of these children were from Kentucky

Over 25 churches and community centers delivered diabetes messaging through **Live Empowered** activities in the faith based community reaching over 10,000 people.
20 volunteer diabetes ambassadors were trained.
Marcus Dupree, Former NFL Star, spoke at the luncheon sponsored by Norton Healthcare, Anthem BC/BS Foundation and Novo Nordisk

Over 100 New **Advocates** recruited.
In February, the ADA held a Diabetes Day at the Capitol in Frankfort, KY in conjunction with the Kentucky Diabetes Network.

Governor Steve Beshear signed into law the "Safe at School" Bill in March. Families living with diabetes were reached through **Safe at School** Workshops to help protect their children from discrimination at school.

Over 3,000,000 **Media** impressions in print and electronic media.
WHAS-11 ran ADA Step Out Walk Public Service Announcement August, September and October hundreds of times.
Medical News For You ran articles and ads in each month's publication.
Over 30,000 people touched through health fairs and speaking engagements

Over 3 million ADA dollars are funding **research** in Kentucky at the University of Louisville and the University of Kentucky.

Initial information sent to **over 100** local companies about this National program promoting health and wellness information for employees. Local Lunch and Learn Programs were introduced and will continue into 2015.

JDRF Partner Selecta Developing Technology for Type 1 Diabetes Vaccine

Jeramie Irwin

Submitted by: Jeramie Irwin, Outreach and Development Manager, JRDF Kentucky and Southern Indiana Chapter, Louisville, KY

It has been more than 30 years since scientists identified the basic autoimmune feature of type 1 diabetes (T1D) when they discovered autoantibodies binding to targets from cells in the pancreas. And yet, devising therapies to halt or reverse the misguided immune system attack on insulin-producing beta cells has proven to be a slow and challenging process.

The earliest immune-focused therapies tested in people with T1D were non-specific immune therapies designed to act broadly in suppressing the immune system response. From early trials using immunosuppressive agents commonly used in transplant patients, such as cyclosporine, to more recent studies using drugs that target discrete receptors on immune cells, such as anti-CD3, anti-CD20 and anti-CTLA4, results in T1D have been mixed. In general they have had only a modest effect in maintaining or improving beta cell function in subsets of study participants. Some studies are continuing in an attempt to define some situations for their potential beneficial use in T1D and the potential to use some of these approaches in combination therapies continues to be an area of interest.

In parallel, scientists have made significant progress identifying the major genes associated with T1D and even more importantly specific proteins or parts of proteins to which the immune system is over-reacting in this disease. These autoimmune triggers are called autoantigens. This basic research progress and the limited success of broad immunotherapies coupled with their safety risks have shaped the current, more targeted JDRF strategy toward the development of antigen-specific immunotherapies. This approach is designed to target only the specific components contributing to the immune response in T1D, leaving the overall immune system intact and functioning to respond normally to routine infections. Antigen-specific immunotherapies may include vaccines that induce or restore tolerance to the T1D autoantigens by re-educating the immune system to stop attacking beta cells that produce these autoantigens. This is similar in principle to giving allergy shots to an allergy sufferer to stop the allergic response.

In a recent publication in the prestigious scientific journal, ***Proceedings of the National Academy of Sciences***, JDRF partner Selecta published the details of a novel technology that is being used to develop a vaccine for the induction of immune tolerance in people with T1D.

Their technique involves creating tiny packages called nanoparticles containing the T1D antigens and immunomodulatory agents that ultimately reach the key cells of the immune system and trigger the re-education process. Selecta is one of the leaders in the development of antigen-specific immune tolerance therapies and their approach holds great promise for T1D.

With recently renewed support from a JDRF-Sanofi partnership, Selecta is set to begin testing this antigen-specific immune therapy in mouse models of T1D. If successful, this could pave the way for pilot clinical studies and ultimately a means to restore normal immune function and halt the T1D disease process.

JDRF Kentucky & Southern Indiana will be hosting a free all day educational and research summit in partnership with the Wendy L. Novak Diabetes Care Center at Bellarmine University on Sunday, May 31st.

Expected attendance of 400-500 attendees.

Contact: kentucky.jdrf.org or call 866-485-9397.

Type 1 Diabetes Study

JDRF Kentucky Chapter — Improving Lives. Curing Type 1 Diabetes.

Submitted by: Dawn Sherr, RD, CDE, through lists.myaade.org

Kidney disease is one of the leading complications of diabetes and can lead to serious consequences, including the need for dialysis or kidney transplant. Despite improvements over the past 20 years in glucose and blood pressure control, and the introduction of "renoprotective" drugs such as ACE inhibitors, the overall burden of diabetic nephropathy is not declining and new treatments are urgently needed.

Recent research has shown that moderately elevated serum uric acid is an important risk factor for loss of kidney function in patients with diabetes. This has stimulated interest in lowering uric acid as a possible treatment for kidney disease. The **PERL Study (Preventing Early Renal Loss in Diabetes)** is designed to test whether lowering uric acid, using the drug allopurinol (in common use as a treatment for gout) can delay loss of renal function.

The **PERL** clinical trial is for people with type 1 diabetes who have early signs of renal disease. The **PERL** trial, sponsored by the National Institutes of Health and JDRF, is recruiting patients in the US, Canada and Europe. Patients enrolled in **PERL** will receive treatment with allopurinol or placebo for 3 years. Patients eligible for **PERL** screening include:

• Type 1 diabetes of at least 8 years duration

• Age 18-70

• Evidence of early renal disease – either albuminuria or declining eGFR (based on serum creatinine level)

If you know of a patient with type 1 diabetes who is at risk for kidney disease, please consider referring them to PERL.

For more information, please check out the **PERL** website (**www.perl-study.org**). To refer a patient to **PERL**, contact the **PERL** site nearest you, call toll-free **1-800-688-5252** (ext. 65630) or e-mail the study team at:

T1D-PERL@umn.edu.

Kentucky's Diabetes Day at the Capitol 2015

In spite of snow, nearly 75 diabetes advocates, pictured above, attended the annual KY Diabetes Network / American Diabetes Association / Juvenile Diabetes Research Foundation's Diabetes Day at the Capitol on February 5, 2015.

KDN members met with numerous legislators to discuss diabetes needs during the 2015 Diabetes Day. Pictured above (L to R) Jim DeMasters, Novo Nordisk, Teresa McGeeney, CDC Project Manager with the KIPDA Rural Diabetes Coalition, Representative Mary Lou Marzian, and JDRF Representative Jeramie Irwin.

The Madison County Diabetes Coalition, pictured above, in conjunction with Eastern Kentucky University were presented an award at the 2015 Diabetes Day at the Capitol.

IMPORTANT DIABETES TIDBITS

How to Verify Diabetes Educator Licensure

It has come to the attention of the Kentucky Board of Licensed Diabetes Educators that many licensees are not aware of a feature on the board's website to verify the status of licensure.

Anytime that someone wishes to check the status of a license, or print an official verification of a license, the "online license verification tool" may be utilized and is found at this link: **https://kyonp.force.com/public/LicenseVerification.**

To navigate to this tool from the board's webpage:

- Go to: **http://bde.ky.gov**
- Click on "online services" in the yellow bar across the top of the page
- Click "license verification".

Please contact Jennifer Hutcherson with any questions at 502-564-3296 extension 226, or by email to **Jennifer.Hutcherson@ky.gov.**

Watch KET's Diabetes Epidemic (#1020)

Gilbert Friedell, MD, and J. Isaac Joyner, MPH, discuss their book, ***The Great Diabetes Epidemic: A Manifesto for Control and Prevention.*** The book advocates taking a public health approach to addressing diabetes, emphasizes encouraging prevention of diabetes-related complications, and encourages more community responsiveness.

Renee Shaw's interview with Dr. Friedell and Isaac Joyner about ***The Great Diabetes Epidemic*** was broadcast statewide and a recording will soon be available on **KET** to view at: **http://www.ket.org/connections/**.

HAVE YOU HEARD?

NEW WHITE PAPER REGARDING COMMUNITY BASED SCREENING FOR PREDIABETES AND DIABETES NOW AVAILABLE

TWO NEW POSITION STATEMENTS REGARDING AADE-7 AND SELF BLOOD GLUCOSE MONITORING NOW AVAILABLE

Recommendations for Community-Based Screening for Prediabetes and Diabetes

American Association of Diabetes Educators (AADE) White Paper (written in part below)
Issued December 1, 2014

The high prevalence of prediabetes and diabetes represents a major health problem in the United States. Given that our current prevalence of diabetes (9.3%) is nearly triple that of 1990 (3.6%), there is almost universal agreement that we must take effective steps to reduce the growth of this epidemic.

Among such steps, there is strong support for earlier diagnosis and intervention to minimize the progression of diabetes and the development of associated complications. In response to the diabetes epidemic, many diabetes stakeholder groups and organizations in the U.S., especially at the local level, advocate for **community-based screening (CBS)** in venues such as health fairs or diabetes awareness events.

However, for many years, expert opinion has been grounded in caution regarding the approach to **CBS** for prediabetes and diabetes. For example, the American Diabetes Association (ADA), while agreeing with the need to identify more individuals who have or are at risk for diabetes, recommends that such screening be confined to medical settings. The ADA notes that after **CBS**, individuals may not have access to appropriate follow-up testing and care. They also caution that poor targeting is likely with **CBS**, including failure to test those most at risk and inappropriate testing of those at low risk (the "worried well") or those already diagnosed. The CDC recommends that screening for prediabetes and diabetes be conducted only in healthcare settings.

Diabetes educators often find themselves torn between stakeholder groups or organizations that ask for their assistance in staffing **CBS** events, and the recommendations from the ADA and CDC to restrict screening to medical settings. Educators may also perceive that organizers of such events will find other less qualified individuals to perform the screening, should they refuse. Because of the focus on prohibition, there has been little or no guidance available to diabetes educators who are faced with these dilemmas and little professional dialogue regarding quality control of **CBS**.

The purpose of this paper is to provide diabetes educators with background, perspective, and recommendations regarding CBS that will enable them to constructively influence the planning and implementation processes for these events. This white paper should not be construed as advocating CBS for prediabetes and diabetes; its sole intent is to provide helpful information and direction to diabetes educators participating in local CBS events.

In the event that a decision is made to go forward with developing a CBS event, the White Paper offers recommendations that should be used to help guide the planning process.

For the FULL WHITE PAPER / DOCUMENT:
http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/publications/Community_Screening_Position_Statement_final.pdf

AADE American Association of Diabetes Educators

Two AADE position statements were recently revised:

- **AADE 7 Self-Care Behaviors**
  Issued December 3, 2014
- **Self-Monitoring of Blood Glucose Using Glucose Meters in the Management of Type 2 Diabetes**
  Issued December 3, 2014

View the updated position statements through:

http://www.diabeteseducator.org/ProfessionalResources/position/position_statements.html

AADE American Association of Diabetes Educators

AADE Webinars:

Webinars take place from 1-2:30 pm eastern time and offer 1.5 hours CE credit, unless otherwise noted.

For a full list of offerings and to register visit:

April 22, 2015	**Focus on Low-Calorie Sweeteners**
May 6, 2015	**Hypertension and Diabetes**
May 20, 2015	**Update on Diabetes Medications, 2015**
June 17, 2015	**Reimbursement for Diabetes Education**

https://www.diabeteseducator.org/ProfessionalResources/products/webinars.html

KENTUCKY ASSOCIATION OF DIABETES EDUCATORS

Presents Annual Symposium

Navigating the Maze of Diabetes Care

RESCHEDULED DATE

FRIDAY, May 29, 2015

8:00am – 4:15pm

Central Christian Church

205 E. Short St.

Lexington, Kentucky 40507

http://kadenet.org/

DIABETES EDUCATION OFFERINGS

Tri State Association of Diabetes Educators (TRADE) Annual Workshop

TRADE Tri-State Association of Diabetes Educators

Evansville, IN

October 28, 2015

Kentucky Statewide Diabetes Symposium 2015

November 6, 2015
Louisville, KY

Mark Your Calendars Now

Don't Miss It!

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), *(covers Lexington and Central Kentucky)*, meets quarterly *(time & location vary)*. For a schedule or more information, go to http://kadenet.org/ or contact: Dee Deakins Sawyer dee.deakins@uky.edu or Diane Ballard dballard@KYDE.com.

May 19, 2015
Topic: New Inhaled Insulin Afreeza
Location: Malone's (Above Sal's) Lansdowne

Rescheduled Symposium Date: May 29, 2015
"Navigating the Maze of Diabetes Care"

http://kadenet.org/

Visit KADENET.org for details, to RSVP & for further updates.

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. Membership is free. A membership form may be obtained at **www.kydiabetes.net** or by calling 502-564-7996 *(ask for diabetes program)*.

2015 KDN Meeting Dates *(10 am — 3:30 pm EST)*

June 12th in Lexington, Fayette County Extension Office

September 11th in Louisville, U of L Shelby Campus

December 4th in Frankfort, KY History Museum

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), *(covers Louisville and the surrounding area)*, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Anne Ries at 502 -852-0253 anne.ries@louisville.edu or Ronda Merryman Valiyi at 502-897-8831 ronda.merryman-valiyi@bhsi.com

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) *(covers Northern Kentucky)* invites anyone interested in diabetes to our programs. Please contact Susan Roszel at: susan_roszel@trihealth.com 513-977-8942. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM
1 Contact Hour

Fee for attendees who are not members of National AADE.

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), *(covers Western KY / Southern IN / Southeastern IL)* meets quarterly from 10 am – 2:15 pm CST **with complimentary lunch and continuing education.** To register, call 270-686-7747 ext. 3020 or email Carman Allison at: carman.allison@grdhd.org.

April 24, 2015 —TRADE Quarterly Program

- **Charcot Foot**
- **Inflammation, Type 2 Diabetes and Low Testosterone**

Presenters: Tyler Kelly, DPM / Andrew Burgon, DPM and Vishal Bhatia, MD
Location: St. Mary's Hospital, 3700 Washington Ave, Meeting Rooms 4 & 5, Evansville, IN

July 16, 2015 —TRADE Quarterly Program

Baptist Health, Madisonville, KY
Details To Be Announced

October 28, 2015 —TRADE Workshop

Evansville, IN
Details To Be Announced

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com.

Learn About CDC's National Diabetes Prevention Program
http://www.cdc.gov/diabetes/prevention/index.htm

Kentucky Diabetes Connection

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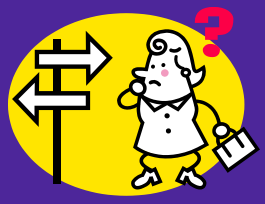

NEED A KY DIABETES RESOURCE?

Kentucky Diabetes Resource Directory
Update your entry information
https://prd.chfs.ky.gov/KYDiabetesResources/

Contact Information

American Diabetes Association®
Cure • Care • Commitment®
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Local Networking Group of AADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.kadenet.org

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS
GLADE
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
Kentucky UNBRIDLED SPIRIT
www.chfs.ky.gov/diabetes/

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

DE CINCINNATI A
Diabetes Educators Cincinnati Area
A LOCAL NETWORKING GROUP of the AADE American Association of Diabetes Educators

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Joslin@EMHHS.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.